

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9	1					
10		1				
11		1				
12	1					
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40	1					
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42	1					
43		1				
44		1				
45	1					
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.	26		↓		↓	
TOTAL DEP.	25		↓		↓	
TOTAL CLAIMS	51					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS